

Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Day Care Facility
COUNTY: BROWN

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Day Care Facilities in Brown County.

The report is a PDF (Adobe Acrobat) document and includes a total of 3 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

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For the period 01/01/2006 to 12/31/2008
Adult Day Care Facility
COUNTY: BROWN

Facility Information

Facility Name: ALZHEIMERS ADULT DAY PROGRAM (0011303)
Address: 1538 WESTERN AVE, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 02/28/2006
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0101362 **End Date:** 03/05/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096583 **End Date:** 02/28/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 3 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
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COUNTY: BROWN

Facility Information

Facility Name: OLDER AMERICANS PROG INHOUSE/INSIDERS (400003)

Address: 2900 CURRY LN, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 04/05/1990

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0098426 **End Date:** 01/04/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007413 Served 01/12/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
I.c.(2)	PLAN-IDENTIFIED NEEDS WITH 30 DAYS		
II.d.(5)	TRAINING-WRITTEN RECORD		

This is Page 3 of 3 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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